

CLAIMANT'S NAME

CLAIMANT'S NAME			SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
Lindsay Kelsch			[REDACTED]		Governor's Office	
POSITION		CB/ID NUMBER	DIVISION OR BUREAU			INDEX NUMBER
Director			Central Valley Office			
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
[REDACTED]			State Capitol, First Floor			[REDACTED]
CITY	STATE	ZIP	CITY	STATE	ZIP	
[REDACTED]			Sacramento,	CA	95814	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION					BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
				BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
09-Mar	3pm	Fresno to Sac	95.65							/ 25.00		0.00		120.65
10-Mar	4pm	Sac to Fresno		/ 6.00			/ 6.00					0.00		12.00
26-Mar	3:30pm	Fresno to Mendota									42	18.69		18.69
26-Mar	7:45pm	Mendota to Fresno									42	18.69		18.69
31-Mar	5:30pm	Fresno to Kerman									24	10.68		10.68
31-Mar	8:00pm	Kerman to Fresno									24	10.68		10.68
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
SUBTOTALS			95.65	6.00	0.00	0.00	6.00	0.00	0.00	25.00	132	58.74	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$191.39	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

3/9- I attended a meeting with Brenda Quintana to meet with other Central Valley folks to plan water infrastructure events. 3/26 I attended a water mtg to plan the march to Mendota 3/31 I attended a mtg w/Manuel Cunha (Pres, Nisei Famers League) and 15 mayors to discuss water issues in each of their cities and discussed what their involvement would be in the march to Mendota

NORMAL WORK HOURS

9:00am to 5:00pm

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLA

DATE _____

SIGN

DATE _____

SIG

DATE _____